

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum)

15670-060WO1

Box No. I TITLE OF INVENTION	
Somatostatin Analogs with Inhibitory Activity to Growth Hormone Release	
Box No. II APPLICANT <input type="checkbox"/> This person is also inventor	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	
The Regents of the University of California 1111 Franklin Street Oakland, California 94607-5200 United States of America	
Telephone No.	
Facsimile No.	
Teleprinter No.	
Applicant's registration No. with the Office	
State (that is, country) of nationality: US	State (that is, country) of residence: US
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)	
GOODMAN, Murray (Deceased) 9760 Blackgold Road La Jolla, CA 92037 United States of America	
This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below)	
Applicant's registration No. with the Office	
State (that is, country) of nationality: US	State (that is, country) of residence: US
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input checked="" type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet.	
Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE	
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: <input type="checkbox"/> agent <input type="checkbox"/> common representative	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)	
BAKER, Joseph R., Jr. Fish & Richardson P.C. 12390 El Camino Real San Diego, California 92130 United States of America	
Telephone No. (858) 678-5070	
Facsimile No. (858) 678-5099	
Teleprinter No.	
Applicant's registration No. with the Office 40,900	
<input type="checkbox"/> Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.	

Continuation of Box No. III		FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
<i>If none of the following sub-boxes is used, this sheet should not be included the request.</i>			
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) MOORE, Sandra Blaj 9148 Regents Road, Apt. F. La Jolla, California 92037 United States of America		This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below) Applicant's registration No. with the Office	
State (that is, country) of nationality: US		State (that is, country) of residence: US	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box			
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This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box			
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State (that is, country) of nationality:		State (that is, country) of residence:	
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box			
<input type="checkbox"/> Further applicants and/or (further) inventors are indicated on another continuation sheet.			

Supplemental Box*If the Supplemental Box is not used, this sheet should not be included in the request.*

1. *If, in any of the Boxes, except Boxes Nos. VIII(i) to (v) for which a special continuation box is provided, the space is insufficient to furnish all the information: in such case, write "Continuation of Box No. ..." (indicate the number of the Box) and furnish the information in the same manner as required according to the captions of the Box in which the space was insufficient, in particular:*
 - (i) *if more than two persons are to be indicated as applicants and/or inventors and no "continuation sheet" is available: in such case, write "Continuation of Box No. III" and indicate for each additional person the same type of information as required in Box No. III. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below;*
 - (ii) *if, in Box No. II or in any of the sub-boxes of Box No. III, the indication "the States indicated in the Supplemental Box" is checked: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the applicant(s) involved and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is applicant;*
 - (iii) *if, in Box No. II or in any of the sub-boxes of Box No. III, the inventor or the inventor/applicant is not inventor for the purposes of all designated States or for the purposes of the United States of America: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the inventor(s) and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is inventor;*
 - (iv) *if, in addition to the agent(s) indicated in Box No. IV, there are further agents: in such case, write "Continuation of Box No. IV" and indicate for each further agent the same type of information as required in Box No. IV;*
 - (v) *if, in Box No. VI, there are more than three earlier applications whose priority is claimed: in such case, write "Continuation of Box No. VI" and indicate for each additional earlier application the same type of information as required in Box No. VI.*
2. *If the applicant intends to make an indication of the wish that the international application be treated, in certain designated States, as an application for addition, certificate of addition, inventor's certificate of addition or utility certificate of addition: in such case, write the name or two-letter code of each designated State concerned and the indication "patent of addition" or "certificate of addition," "inventor's certificate of addition" or "utility certificate of addition," the number of the parent application or parent patent or other parent grant and the date of grant of the parent patent or other patent grant or the date of filing of the parent application (Rules 4.11(a)(iii) and 49bis.1(a) or (b)).*
3. *If the applicant intends to make an indication of the wish that the international application be treated, in the United States of America, as a continuation or continuation-in-part of an earlier application: in such a case, write "United States of America" or "US" and the indication "continuation" or "continuation-in-part" and the number and the filing date of the parent application (Rules 4.11(a)(iv) and 49bis.1(d)).*

This application is a continuation-in-part of USSN 60/496,942 filed August 20, 2003.

Box No. V DESIGNATIONS				
The filing of this request constitutes under Rule 4.9(a), the designation of all Contracting States bound by the PCT on the international filing date, for the grant of every kind of protection available and, where applicable, for the grant of both regional and national patents.				
However,				
<input type="checkbox"/> DE Germany is not designated for any kind of national protection <input type="checkbox"/> KR Republic of Korea is not designated for any kind of national protection <input type="checkbox"/> RU Russian Federation is not designated for any kind of national protection				
<i>(The check-boxes above may be used to exclude (irrevocably) the designations concerned in order to avoid the ceasing of the effect, under the national law, or an earlier national application from which priority is claimed. See the Notes to Box No. V as to the consequences of such national law provisions in these and certain other States.)</i>				
Box No. VI PRIORITY CLAIM				
The priority of the following earlier application(s) is hereby claimed:				
Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country or Member of WTO:	national application:* regional Office	international application: receiving Office
item (1) 20 August 2003 20/08/2003	60/496,942	US		
item (2)				
item (3)				
<input type="checkbox"/> Further priority claims are indicated in the Supplemental Box.				
The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office) identified above as:				
<input checked="" type="checkbox"/> all items <input checked="" type="checkbox"/> item (1) <input type="checkbox"/> item (2) <input type="checkbox"/> item (3) <input type="checkbox"/> other, see Supplemental Box				
<i>*Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which the earlier application was filed (Rule 4.10(b)(ii)):</i>				
Box No. VII INTERNATIONAL SEARCHING AUTHORITY				
Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):				
ISA/ US				
Request to use result of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):				
Date (day/month/year)	Number	Country (or regional Office)		
Box No. VIII DECLARATIONS				
The following declarations are contained in Boxes Nos. VIII (i) to (v) (mark the applicable check-boxes below and indicate in the right column the number of each type of declaration):				Number of declarations
<input type="checkbox"/>	Box No. VIII (i)	Declarations as to the identity of the inventor	:	
<input type="checkbox"/>	Box No. VIII (ii)	Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent	:	
<input type="checkbox"/>	Box No. VIII (iii)	Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application	:	
<input type="checkbox"/>	Box No. VIII (iv)	Declaration of inventorship (only for the purposes of the designation of the United States of America)	:	
<input type="checkbox"/>	Box No. VIII (v)	Declaration as to non-prejudicial disclosures or exceptions to lack of novelty	:	

Box No. IX CHECK LIST: LANGUAGE OF FILING																																																				
<p>This international application contains:</p> <p>(a) in paper form, the following number of sheets:</p> <p>request (including declaration sheets) : 5</p> <p>description (excluding sequence listings and/or tables related thereto) : 51</p> <p>claims : 3</p> <p>abstract : 1</p> <p>drawings : 0</p> <p>Sub-total number of sheets : <u>60</u></p> <p>sequence listings :</p> <p>tables related thereto :</p> <p><i>(for both, actual member of sheets if filed in paper form whether or not also filed in computer readable form; see (c) below)</i></p> <p>Total number of sheets : 60</p> <p>(b) <input type="checkbox"/> only in computer readable form (Section 801(a)(i))</p> <p>(i) <input type="checkbox"/> sequence listings</p> <p>(ii) <input type="checkbox"/> tables related thereto</p> <p>(c) <input type="checkbox"/> also in computer readable form (Section 801(a)(ii))</p> <p>(i) <input type="checkbox"/> sequence listings</p> <p>(ii) <input type="checkbox"/> tables related thereto</p> <p>Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are contained the:</p> <p><input type="checkbox"/> Sequence listings:</p> <p><input type="checkbox"/> tables related thereto:</p> <p><i>(additional copies to be indicated under items 9(ii) and/or 10(ii), in right column)</i></p>	<p>This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">1. <input checked="" type="checkbox"/></td> <td style="width: 85%;">fee calculation sheet</td> <td style="width: 10%; text-align: right;">: 1</td> </tr> <tr> <td>2. <input type="checkbox"/></td> <td>original separate power of attorney</td> <td style="text-align: right;">:</td> </tr> <tr> <td>3. <input type="checkbox"/></td> <td>original general power of attorney</td> <td style="text-align: right;">:</td> </tr> <tr> <td>4. <input checked="" type="checkbox"/></td> <td>copy of general power of attorney; reference number, if any:</td> <td style="text-align: right;">: 1</td> </tr> <tr> <td>5. <input type="checkbox"/></td> <td>statement explaining lack of signature</td> <td style="text-align: right;">:</td> </tr> <tr> <td>6. <input type="checkbox"/></td> <td>priority document(s) identified in Box No. VI as item(s)</td> <td style="text-align: right;">:</td> </tr> <tr> <td>7. <input type="checkbox"/></td> <td>translation of international application into (language):</td> <td style="text-align: right;">:</td> </tr> <tr> <td>8. <input type="checkbox"/></td> <td>separate indications concerning deposited microorganism or other biological material</td> <td style="text-align: right;">:</td> </tr> <tr> <td>9. <input type="checkbox"/></td> <td>sequence listings in computer readable form (indicate type and number of carriers)</td> <td style="text-align: right;">:</td> </tr> <tr> <td colspan="2">(i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application):</td> <td style="text-align: right;">:</td> </tr> <tr> <td colspan="2">(ii) <input type="checkbox"/> (only where check box (b)(i) or (c) (i) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter</td> <td style="text-align: right;">:</td> </tr> <tr> <td colspan="2">(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listings mentioned in left column</td> <td style="text-align: right;">:</td> </tr> <tr> <td>10. <input type="checkbox"/></td> <td>tables in computer readable form related to sequence listings (indicate type and number of carriers)</td> <td style="text-align: right;">:</td> </tr> <tr> <td colspan="2">(i) <input type="checkbox"/> copy submitted for the purposes of international search under Section 802(b-quater) only (and not as part of the international application):</td> <td style="text-align: right;">:</td> </tr> <tr> <td colspan="2">(ii) <input type="checkbox"/> (only where check-box (b)(ii) or (c)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Section 802 (b-quater)</td> <td style="text-align: right;">:</td> </tr> <tr> <td colspan="2">(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the tables mentioned in left column</td> <td style="text-align: right;">:</td> </tr> <tr> <td>11. <input checked="" type="checkbox"/></td> <td>other (specify) transmittal letter; return receipt postcard</td> <td style="text-align: right;">: 2</td> </tr> </table>	1. <input checked="" type="checkbox"/>	fee calculation sheet	: 1	2. <input type="checkbox"/>	original separate power of attorney	:	3. <input type="checkbox"/>	original general power of attorney	:	4. <input checked="" type="checkbox"/>	copy of general power of attorney; reference number, if any:	: 1	5. <input type="checkbox"/>	statement explaining lack of signature	:	6. <input type="checkbox"/>	priority document(s) identified in Box No. VI as item(s)	:	7. <input type="checkbox"/>	translation of international application into (language):	:	8. <input type="checkbox"/>	separate indications concerning deposited microorganism or other biological material	:	9. <input type="checkbox"/>	sequence listings in computer readable form (indicate type and number of carriers)	:	(i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application):		:	(ii) <input type="checkbox"/> (only where check box (b)(i) or (c) (i) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter		:	(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listings mentioned in left column		:	10. <input type="checkbox"/>	tables in computer readable form related to sequence listings (indicate type and number of carriers)	:	(i) <input type="checkbox"/> copy submitted for the purposes of international search under Section 802(b-quater) only (and not as part of the international application):		:	(ii) <input type="checkbox"/> (only where check-box (b)(ii) or (c)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Section 802 (b-quater)		:	(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the tables mentioned in left column		:	11. <input checked="" type="checkbox"/>	other (specify) transmittal letter; 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<p>Figure of the drawings which should accompany the abstract:</p>	<p>Language of filling of the international application: English</p>																																																			
<p>Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE</p> <p><i>Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request)</i></p> <div style="border: 1px solid black; height: 40px; margin: 10px 0;"></div> <p>Joseph R. Baker, Jr., Reg. No. 40,900</p>																																																				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center; border-bottom: 1px solid black;">For receiving Office only</td> </tr> <tr> <td style="width: 60%; border: 1px solid black; padding: 5px;"> <p>1. Date of actual receipt of the purported international application:</p> <p>3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:</p> <p>4. Date of timely receipt of the required corrections under PCT Article 11(2):</p> <p>5. International Searching Authority (if two or more are competent): ISA /</p> </td> <td style="width: 40%; border: 1px solid black; padding: 5px; vertical-align: top;"> <p>2. Drawings:</p> <p><input type="checkbox"/> received:</p> <p><input type="checkbox"/> not received:</p> </td> </tr> <tr> <td colspan="2" style="text-align: center; border-bottom: 1px solid black;">For International Bureau use only</td> </tr> <tr> <td colspan="2" style="border: 1px solid black; padding: 5px;"> <p>Date of receipt of the record copy by the International Bureau</p> </td> </tr> </table>		For receiving Office only		<p>1. Date of actual receipt of the purported international application:</p> <p>3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:</p> <p>4. Date of timely receipt of the required corrections under PCT Article 11(2):</p> <p>5. International Searching Authority (if two or more are competent): ISA /</p>	<p>2. Drawings:</p> <p><input type="checkbox"/> received:</p> <p><input type="checkbox"/> not received:</p>	For International Bureau use only		<p>Date of receipt of the record copy by the International Bureau</p>																																												
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : The Regents of the Univeristy of California
Serial No. : PCT/US2004/027128
Filed : August 20, 2004
Title : SOMATOSTATIN ANALOGS WITH INHIBITORY ACTIVITY TO
GROWTH HORMONE RELEASE

Mail Stop PCT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Revocation and Renunciation and Appointment of New Agent under PCT Rule 90.6(c)

Sir:

Please find enclosed New Powers of Attorney for Applicant, The Regents of the University of California, and for Sandra Blaj Moore. The International Bureau of WIPO/U.S. Receiving Office is reminded that Murray Goodman (Deceased) is represented by:

GOODMAN, Zelda
9760 Blackgold Road
La Jolla, CA 92037
United States of America
Nationality: U.S.

Please send all future correspondence for this application to the undersigned at:

BURNS DOANE SWECKER & MATHIS, L.L.P.
402 West Broadway, Suite 400
San Diego, California 92101-3542
United States of America

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Date: April 5, 2005

By: 

Joseph R. Baker, Jr.
Registration No. 40,900

Suite 400
402 W. Broadway
San Diego, CA 92101-3542
(619) 446-5600

Certificate of Mailing

I hereby certify that this correspondence is being deposited on April 5, 2005, with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on April 5, 2005 and is addressed to Mail Stop PCT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

By: 

Kim A. Cabello

PCT**POWER OF ATTORNEY**
(for an international application filed under the Patent Cooperation Treaty)
(PCT Rule 90.4)

The undersigned applicant(s) (Names should be indicated as they appear in the request):

MOORE, Sandra Blaj
Flat 25, Bacton
Haverstock Rd.
London NW4 4PU
United Kingdom

hereby appoints (appoint) the following person as:

☒ agent☐ common representative

Name and address

(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

AXFORD, Laurie A., BAKER, Joseph R., BINDRA, Kiku, HAMRICK, Claude A.S., HECKADON, David R.,
HUNTINGTON, R. Danny, NUZUM, Kirk M., REA, Teresa S., YELLIN, Deborah H., all with the firm of:

BURNS, DOANE, SWECKER & MATHIS, L.L.P.
402 West Broadway, Suite 400
San Diego, CA 92101-3542
United States of America

to represent the undersigned before

☒ all the competent International Authorities☐ the International Searching Authority only☐ the International Preliminary Examining Authority only

in connection with the international application identified below:

Title of the invention: **SOMATOSTATIN ANALOGS WITH INHIBITORY ACTIVITY TO GROWTH HORMONE RELEASE**

Applicant's or agent's file reference: 034123-092

International application number (if already available): PCT/US04/27128

filed with the following Office **USPTO**

and to make or receive payments on behalf of the undersigned.

as receiving Office

Signature of the applicant(s) (where there are several applicants, each of them must sign; next to each signature, indicate the name of the person signing and the capacity in which the person signs, if such capacity is not obvious from reading the request or this power);


Sandra Blaj Moore

Date:

17/03/05

PCT

GENERAL POWER OF ATTORNEY

(for several international applications filed under the Patent Cooperation Treaty)

(PCT Rule 90.5)

The undersigned person(s) :

(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

THE REGENTS OF THE UNIVERSITY OF CALIFORNIA
1111 Franklin Street, 5th Floor
Oakland, CA 94607-5200
United States of America

hereby appoint(s) the following person as:



agent



common representative

Name and address

(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

AXFORD, Laurie A., BAKER, Joseph R., BINDRA, Kitu, HAMRICK, Claude A.S., HECKADON, David R.,
HUNTINGTON, R. Danny, NUZUM, Kirk M., REA, Teresa S., YELLIN, Deborah H., all with the firm of:

BURNS DOANE SWECKER & MATHIS, LLP
402 West Broadway, Suite 400
San Diego, CA 92101-3542
United States of America

to represent the undersigned before



all the competent International Authorities



the International Searching Authority only



the International Preliminary Examining Authority only

in connection with any and all international applications filed by the undersigned with the following Office

USPTO

and to make or receive payments on behalf of the undersigned. _____ as receiving Office

Signature(s) (where there are several persons, each of them must sign; next to each signature, indicate the name of the person signing and the capacity in which the person signs, if such capacity is not obvious from reading this power):



Alan Paau, MBA, Ph.D.
Assistant Vice Chancellor, University of California, San Diego

Authorized to sign Powers of Attorney on behalf of THE REGENTS OF THE UNIVERSITY OF CALIFORNIA

Date: February 17, 2005

IN THE INTERNATIONAL BUREAU OF WIPO

Applicant : The Regents of the University of California
Serial No. : PCT/US2004/027128
Filed : August 20, 2004
Title : SOMATOSTATIN ANALOGS WITH INHIBITORY ACTIVITY TO GROWTH
HORMONE RELEASE

International Bureau of WIPO
34, chemin des Colombettes
1211 Geneva 20
SWITZERLAND

RESPONSE TO PCT/IB/345

Responsive to PCT/IB/345 mailed November 24, 2004, we submit the name, address and nationality of the legal representative of the deceased applicant/inventor GOODMAN, Murray:

GOODMAN, Zelda
9760 Blackgold Road
La Jolla, CA 92037
United States of America
Nationality: US

In addition, we enclose a substitute page 2 of the Request showing the current address for applicant/inventor MOORE, Sandra Blaj.

Respectfully submitted,

Date: _____

Dec. 14, 2004

Bing Ai
Reg. No. 43,312

Fish & Richardson P.C.
12390 El Camino Real
San Diego, California 92130
Telephone: (858) 678-5070
Facsimile: (858) 678-5099

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CERTIFICATE OF TRANSMISSION BY FACSIMILE

I hereby certify that this correspondence is being transmitted by facsimile to the Patent and Trademark Office on the date indicated below.

Date of Transmission December 14, 2004

Signature

Judythe Roberts

Typed or Printed Name of Person Signing Certificate
Judythe Roberts

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
<i>If none of the following sub-boxes is used, this sheet should not be included the request.</i>	
<p>Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i></p> <p>MOORE, Sandra Blaj Flat 25, Bacton Haverstock Rd. London NW5 4PU United Kingdom</p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input checked="" type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below)</i></p>
Applicant's registration No. with the Office	
State <i>(that is, country)</i> of nationality: US	State <i>(that is, country)</i> of residence: GB
<p>This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box</p>	
<p>Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i></p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below)</i></p>
Applicant's registration No. with the Office	
State <i>(that is, country)</i> of nationality:	State <i>(that is, country)</i> of residence:
<p>This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box</p>	
<p>Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i></p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below)</i></p>
Applicant's registration No. with the Office	
State <i>(that is, country)</i> of nationality:	State <i>(that is, country)</i> of residence:
<p>This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box</p>	
<p>Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i></p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below)</i></p>
Applicant's registration No. with the Office	
State <i>(that is, country)</i> of nationality:	State <i>(that is, country)</i> of residence:
<p>This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box</p>	
<p><input type="checkbox"/> Further applicants and/or (further) inventors are indicated on another continuation sheet.</p>	

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